

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1372)

CERTIFICATE OF DEATH

C6948



Reg. Dist. No. 115

1. PLACE OF DEATH:

County... Monrovia
 City or town... Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? entire life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... md County... Monrovia
 City or town... Fishing Creek, md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... none
 (If rural, give LOCATION)
 2.(a) If veteran, name war... no

3. (a) FULL NAME

Martha Ann Aaron

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Columbus T. Aaron

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) March 27, 1853

8. AGE: Years 92 Months 3 Days 15 It less than one day

9. Birthplace Golden Hill
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. Wroten

13. Birthplace Balto.

14. Maiden name Jane Insley

15. Birthplace Monrovia

16. Informant Mrs. Monroe Sumner

Address Fishing Creek md

17. Burial Burial Date thereof July 13-1945
 (Burial, cremation, or removal, which?) (month) (day), (year)

Cemetery Hoosier Memorial

Location Fishing Creek md

18. Funeral director Remond R. Thomas

Address Cambridge md

19. July 13 19 45 Jane W. Meade
 (Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 19 45 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 45 to July 12 19 45

and that I last saw him alive on July 11 19 45

Immediate cause of death Arterio Sclerosis

and Cardio-Renal Vascular

Due to senescence

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jane W. Meade M.D.
 Address Fishing Creek md Date signed 7/13/45

RECEIVED
JUL 17 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

06949

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:

Mrs. Lillie Rumbley

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. # 3
(If rural, give LOCATION)2(a) If veteran, name war X

3. (a) FULL NAME

EMMA RUMBLEY BARRACK

3. (b) Social Security Number

X

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife G. Milbourne Barrack6. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) 1/17/18798. AGE: Years Months Days If less than one day
66 6 10 hrs. min.9. Birthplace Cambridge, Maryland
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name Charles E. Barrack13. Birthplace Md.14. Maiden name Lillie Slacum15. Birthplace Md.16. Informant G. Milbourne BarrackAddress Cambridge R.F.D. #3 Md.17. Burial Date thereof 7/30/1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GreenlawnLocation Cambridge, Md.18. Funeral director LeCompte Funeral ServiceAddress Cambridge, Maryland.19. 7-30-45 John Maciej Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th, 1945, at 3:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 20 1945 to July 27 1945
and that I last saw him ER alive on July 1, 1945Immediate cause of death Pulmonary Tuberculosis

DURATION

Due to

Due to

Other conditions NONE

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. J. [Signature] M. D. or otherAddress Cambridge Md. Date signed 7/28/45

RECEIVED

AUG 4 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06950

CERTIFICATE OF DEATH

Reg. Dist. No. 11

1. PLACE OF DEATH:

County Dorchester
 City or town East New Market - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years 5 months
 Hospital, institution, or street address where death occurred:
East New Market - Cambridge Road
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town East New Market - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. East New Market - Cambridge Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Jessie M. Brinsfield

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Sheridan M. Brinsfield

7. Birth date of deceased (mo., day, yr.)

April 5, 18856. (c) If alive, give age 55 years

8. AGE:

Years

60

Months

3

Days

14

If less than one day

hrs.

min.

9. Birthplace

Baltimore, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

FATHER

12. Name

Jessie Strickland

13. Birthplace

Baltimore, Maryland

14. Maiden name

Rosie A.

15. Birthplace

Baltimore, Maryland

16. Informant

Sheridan M. Brinsfield

Address

118 South Morley St., Baltimore, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 21, 1945
(month) (day) (year)

Cemetery or crematory

Brookview Cemetery

Location

Brookview, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19.

July 20 1945
(Date rec'd by registrar)S. J. Frampton

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1945 at 1:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 14 1945 to July 19 1945
and that I last saw h. alive on July 19 1945

Immediate cause of death

internal Hemorrhage -

DURATION

1 hour

Due to

Probable carcinoma of liver

Due to

1 year

Other conditions

Chronic myocarditis 1 yr. +
pernicious anemia 2 mo. +
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William C. Harrison MD

M. D. or other

Henlock Ind. Date signed 7/20/45

RECEIVED
SEP 6 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22-2)

CERTIFICATE OF DEATH

06951

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 211 Cedar St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Howard Chester

3. (b) Social Security Number

4. Sex male 5. Color or race col 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) P P 18698. AGE: Years 76 Months - Days - If less than one day - hrs. - min.9. Birthplace Buckwith Neck Dor Co Md
(Town, county, and state)10. Usual occupation Gen. laborer

11. Industry or business

12. Name Jefferson Charles13. Birthplace Dor. Co. Md

14. Maiden name

15. Birthplace Dorchester Co Md16. Informant Isaac ChesterAddress Bucktown Md17. Bethel Date thereof 26 July

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CambridgeLocation Cambridge18. Funeral director James A. BarnesAddress Cambridge Md19. 7-26 19 45 John Map. Md

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 19 45 at 6:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 11 19 45 to July 24 19 45and that I last saw him alive on July 24 19 45

Immediate cause of death

Pulmonary EdemaArterioscleroticDue to Chr. MyocarditisGenitonicDue to Shanghaik Day HarmonOther conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Correll M A Carr MD

M. D. or other

Address Cambridge StDate signed 7-26-45

RECEIVED

JUL 27 1945

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1313)

CERTIFICATE OF DEATH

06952

Reg. Dist. No. 113

1. PLACE OF DEATH:

County Dorchester
City or town Taylor's Island
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Dorchester
City or town Taylor's Island
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Howard Chester

3.(b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Arden Chester

6.(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) — 1886

8. AGE: Years 59 Months — Days — If less than one day — hrs. — min.

9. Birthplace Golden Hill
(Town, county, and state)

10. Usual occupation Lab. asst.

11. Industry or business none

12. Name Willb. Chester

13. Birthplace Clara Chester

14. Maiden name Mad Clara

15. Birthplace md

16. Informant Arden Chester

Address Taylor's Island md

17. Taylor's Island Date thereof July 18 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Taylor's Island

Location _____

18. Funeral director Lewis H. Baynew

Address Cambridge md

19. July 19 19 45 Quita 3 med
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 19 45 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 19 45 to July 14 19 45 and that I last saw him alive on July 12 19 45

Immediate cause of death Coronary Disease

Due to Arteriosclerosis

Due to Arteriosclerosis

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lewis H. Baynew M. D. or other _____

Address Cambridge md Date signed 7-19-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1945
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7420

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

Near Lincolnton

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County NauasemondCity or town Cittenden
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Hiram L. Corkran

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Widowed8.(b) Name of husband or wife Blauche W. Corkran7. Birth date of deceased (mo., day, yr.) October 21, 18768. AGE: Years Months Days If less than one day
68 9 6 _____ hrs. _____ min.9. Birthplace Williamstown, Maryland
(Town, county, and state)10. Usual occupation Retired11. Industry or business Shipyard Operator12. Name Christopher C. Corkran13. Birthplace Dorchester County, Maryland14. Maiden name Eliza A. Andrew15. Birthplace Caroline County, Maryland16. Informant A. Thomas CorkranAddress Preston, Maryland, R.F.D.17. Burial Date thereof July 30, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Chuckatuck CemeteryLocation Chuckatuck, Virginia18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. July 27 - 1945 Chas W. Dastin
(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 45, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION

Disease of Coronary Arteries 1 day

Due to _____

Due to _____

Other conditions Paralysis - Anterior 8 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. H. Shriver, Dep. Med. Exam M. D. or otherAddress Cambridge, Mass Date signed July 28, 1945

RECORDED
AUG 9 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (734)

06954

CERTIFICATE OF DEATH

★ Reg. Dist. No. 110

1. PLACE OF DEATH:

County... Dorchester
 City or town... Hullock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 72 years
 Hospital, institution, or street address where death occurred:
Near Johns Church
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Dorchester
 City or town... Hullock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Near Johns Church
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

John W. Fletcher

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary E. Fletcher

7. Birth date of deceased (mo., day, yr.)

January 7, 1865

6. (c) If alive, give age

69 years

8. AGE:

Years

Months

Days

If less than one day

80529

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Farm laborer

11. Industry or business

Farm

12. Name

Peter Fletcher

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Julia

15. Birthplace

Dorchester County, Maryland

16. Informant

Mary E. Fletcher

Address

Hullock, Maryland, R.F.D.

17.

Burial
(Burial, cremation, or removal, which?)

Date thereof

July 9, 1945
(month) (day) (year)

Cemetery or crematory

Johns Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. F. Traubman and Son

Address

Federalburg, Maryland

19.

July 9 - 1945
(Date rec'd by registrar)Char W. Harding
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 6 19 45, at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 5 19 45, to July 6 19 45.and that I last saw him alive on July 5 19 45.Immediate cause of death... Pulmonary Edema

DURATION

Due to... Chronic Myocarditis

?

Due to... Arteriosclerosis

?

Other conditions... Regul. Sugar. Hemiplegia

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

July B. B. B.

M. D. or other

Address... Re on page Date signed 7/10/45

RECEIVED

JUL 21 1945

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? Seven Days

3. (a) FULL NAME

MARY E.
Etta Mae Foxwell

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County DORCHESTERCity or town CAMBRIDGE
(If outside city or town limits, write RURAL and give nearest town)Street No. 306 RACE ST.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife James M. FoxwellDied 7/31/1933

8. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) Jan. 30, 1862

8. AGE:

Years

Months

Days

If less than one day

83528

hrs.

min.

9. Birthplace Neck Dist. Dor Co., Md.

(Town, county, and state)

10. Usual occupation Domestic11. Industry or business Home12. Name James H. Hubbard13. Birthplace Md.14. Maiden name Mary R. Marshall15. Birthplace Md.16. Informant E. HarrisonAddress Cambridge, Md.17. Burial Date thereof July 31, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Md.19. 7-31-45
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 19 45, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 21 19 45, to July 28 19 45.and that I last saw her alive on July 28 19 45.

Immediate cause of death

DURATION

Bronchopneumonia3 Days

Due to

Due to

Other conditions

Malnutrition, ArteriosclerosisHemiplegia5/30/45

(Include pregnancy within 4 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Charles Taylor MD Date signed 7/28/45

RECEIVED
AUG 4 1945
BUREAU V.E.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19

CERTIFICATE OF DEATH

06956

Reg. Dist. No. 116

1. PLACE OF DEATH: County... <u>Dorchester</u> City or town... <u>Cambridge (Rural)</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... <u>several years</u> Hospital, institution, or street address where death occurred: <u>R.F.D.#1</u> How long in hospital or institution?... <u>X</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Dorchester</u> City or town... <u>Cambridge (Rural)</u> (If outside city or town limits, write RURAL and give nearest town) Street No... <u>R.F.D.#1</u> (If rural, give LOCATION) 2.(a) If veteran, name war...			
3. (a) FULL NAME <u>Philip King Andrew Giles</u>				3. (b) Social Security Number			
4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced Married				MEDICAL CERTIFICATION			
6. (b) Name of husband or wife ... <u>Rhoda Bayneum</u> 8. (c) If alive, give age ... <u>41</u> years				20. DATE OF DEATH <u>July 1</u> 19 <u>45</u> at <u>8 P.</u> M.			
7. Birth date of deceased (mo., day, yr.) <u>April 29, 1897</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>X</u> 19... to <u>X</u> 19... and that I last saw h... <u>X</u> alive on <u>X</u> 19...			
8. AGE: Years <u>48</u> Months <u>2</u> Days <u>2</u> If less than one day... hrs. min.				Immediate cause of death <u>Sunstroke</u> DURATION <u>5-6 hrs.</u>			
9. Birthplace ... <u>Maryland</u> (Town, county, and state)				Due to			
10. Usual occupation ... <u>Farming</u>				Due to			
11. Industry or business ... <u>X</u>				Other conditions <u>Alcoholism</u> 1 day			
12. Name ... <u>X</u>				(Include pregnancy within 8 months of death)			
13. Birthplace ... <u>X</u>				Major findings of operations ... Date of op.			
14. Maiden name ... <u>Elinor Cornish</u>				Autopsy results ...			
15. Birthplace ... <u>Maryland</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
16. Informant ... <u>William Giles (son)</u> Address... <u>Cambridge, Md. R.F.D.#1</u>				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide... <u>accident</u> Date of <u>July 1/45</u> Where did injury occur? <u>Cambridge, Dor. Md.</u> (City or town) (County) (State) Injured at home, farm, industry, public place (where?) <u>at home</u> Means of Injury <u>Sun</u> Injured at work? <u>no</u>			
17. Burial ... <u>Bucktown</u> Date thereof... <u>7-4-45</u> (Burial, cremation, or removal) Which? (month) (day) (year) Cemetery or crematory... <u>Bucktown, Md.</u> Location... <u>Bucktown, Md.</u>				23. SIGNATURE ... <u>J. K. Shivers, Dep. Med. Exam.</u> M. D. or other... <u>Cambridge, Md.</u> Date signed... <u>July 2/45</u>			
18. Funeral director ... <u>Louis H. Bayneum</u> Address... <u>Cambridge, Md.</u>				19. 7-3-45 (Date rec'd by registrar) Registrar... <u>J. K. Shivers</u>			

CERTIFICATE OF DEATH

REC'D

JUL 5 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06957

Reg. Dist. No. 110

1. PLACE OF DEATH:

County RockchesterCity or town Harlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Dor.City or town Harlock
(If outside city or town limits, write RURAL and give nearest town)Street No. Main
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William L. Harper

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

8. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 16 1853

8. (c) If alive, give age _____ years

8. AGE: Years 92 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace MD
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Daniel Harper13. Birthplace MD14. Maiden name Lorey Andre15. Birthplace MD16. Informant Raymond C. HarperAddress Harlock17. Burial Date thereof July 15 1945
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory be metLocation Harlock18. Funeral director F. B. TrilugskyAddress Harlock19. July 14 - 1945 - Charles Hastings
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 - 1945, at 5:30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1945, to July 11 1945and that I last saw him alive on July 11 1945Immediate cause of death arterial insufficiency DURATION _____Due to Advanced age

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. G. Jones M. D. or other _____Address Harlock MD Date signed 7-13-45

RECEIVED

JUL 21 1945

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66958

Reg. Diat. No. 170

1. PLACE OF DEATH:

County Dorchester
 City or town Hurlock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Elwood
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Hurlock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Elwood
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Katie Henry

3. (b) Social Security Number

213-22-6038

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife -
 6.(c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) About 1898
 8. AGE: Years About 47 Months - Days - If less than one day - hrs. - min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name John Henry

13. Birthplace Dorchester County, Maryland

MOTHER 14. Maiden name Mary Collins

15. Birthplace Dorchester County, Maryland

16. Informant Frank Henry

Address Hurlock, Maryland, R.F.D.

17. Burial Date thereof July 5 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Johnson Family Graveyard

Location Near Hurlock, Maryland

18. Funeral director J.F. Fraughton and Son

Address Federalburg, Maryland

19. July 5 - 1945 Charles H. Hading
 (Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1945 at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1945 to July 1 1945

and that I last saw him alive on July 25 1945

Immediate cause of death Pneumonia Secondary

DURATION

6.7.45

Due to -

Due to -

Other conditions Suppurative Erythema

(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE Paul B. Plummer M.D. or other -

Address Pres. Naps Date signed 7/3/45

RECEIVED
JUL 21 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

Reg. Dist. No. 0695/13

1. PLACE OF DEATH

County... Dorchester
 City or town... Taylor's Island
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md County... Dorchester
 City or town... Taylor's Island
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex... female 5. Color or race... caucasian 6.(a) Single, married, widowed, or divorced... widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)... don't know 1863 6.(c) If alive, give age... years

8. AGE: Years... 82 Months... 0 Days... 0 If less than one day... hrs. ... min.

9. Birthplace... Madison md
 (Town, county, and state)

10. Usual occupation... Lab. housework11. Industry or business... none12. Name... Wesley Standley13. Birthplace... md14. Maiden name... Donut Kinn15. Birthplace... md16. Informant... Charlton StandleyAddress... Cambridge17. Date of death... July 4 1945

(Burial, cremation, or removal. Which... month... day... year)

Cemetery or crematory... Taylor's IslandLocation... Taylor's Island18. Funeral director... Lewis H. BagshawAddress... Cambridge md19. Date of death... July 4 1945(Date received by registrar) Registrar... Wanda S. Mild

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 1 19... 45 at... 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 2 19... 45 to July 1 19... 45
 and that I last saw her... alive on June 13 19... 45

Immediate cause of death... ArteriosclerosisDue to... Chronic nephritisDue to... La GrippeOther conditions... Neuritis

(Include pregnancy within 3 months of death)

Major findings of operations... .. Date of op.

Autopsy results... ..

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... .. Date of... ..

Where did injury occur? ... (City or town) ... (County) ... (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury... .. Injured at work?

23. SIGNATURE... Albert E. BunkerAddress... CambridgeDate signed... 7-4-45

RECEIVED
AUG 4 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

66960



Reg. Dist. No. 116

1. PLACE OF DEATH:

County... DORCHESTERCity or town... CAMBRIDGE
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 Hours

Hospital, institution, or street address where death occurred:

CAMBRIDGE MARYLAND HOSPITALHow long in hospital or institution? 12 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... DorchesterCity or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No... 122 RACE STREET
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

OLLIE HURLEY HORSEMAN.

3. (b) Social Security Number

4. Sex

FEMALE WHITE MARRIED

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

8. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.) November 8, 1892

8. AGE:

Years

Months

Days

If less than one day

52

hrs.

min.

9. Birthplace.....

(Town, county, and state)

MARYLAND

10. Usual occupation.....

FACTORY WORK

11. Industry or business

FATHER

12. Name... Joshua Hurley13. Birthplace... MARYLAND

MOTHER

14. Maiden name... MARtha Hurley15. Birthplace... MARYLAND16. Informant... Hospital Records.

Address

17. Buried
(Burial, cremation, or removal. Which?)Date thereof... 7/15/45
(month) (day) (year)Cemetery or crematory... Dorchester Memorial ParkLocation... Cambridge, Md.18. Funeral director... Robert F. SmithAddress... Cambridge, Md.19. 7-15-
(Date rec'd by registrar)19. John Macph. MD.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 12, 1945 at 10:35 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 9, 1945 to July 12, 1945
and that I last saw him/her alive on July 12, 1945

Immediate cause of death.....

MYOCARDIAL FAILURE

DURATION

6 HoursDue to... LOBAR (VIRUS) PNEUMONIA
RIGHT8 days

Due to.....

Other conditions... CARCUNCLE NECK4 days

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

Address... Cambridge Md Date signed... 7/12/45

M. D. or other

RECEIVED

JUL 18 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

FILM NO. G 97 JUL 25 1945

CERTIFICATE OF DEATH



Reg. Dist. No. 116

1. PLACE OF DEATH

County Dorchester

City or town Card town md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 277

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

William W Jackson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife..... ded

7. Birth date of deceased (mo., day, yr.) Oct 28 1840 6. (c) If alive, give age..... years

8. AGE: Years 69 Months 68 Days 4 If less than one day..... hrs. min.

9. Birthplace East new market
(Town, county, and state)

10. Usual occupation Lab

11. Industry or business none

12. Name David Jackson

13. Birthplace Vienna md

14. Maternal name Mary E. Calmish

15. Birthplace md

16. Informant autha D. Jackson

Address Cambridge R Rd 3

17. (Burial, cremation, or removal. Which?) East new market Date thereof July 22
(month) (day) (year)

Cemetery or crematory East new market

Location

18. Funeral director Levin H Banner

Address Cambridge md

19. 7-21- 19 45 John M. J. 2nd
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 19 45 at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 18 19 45 and that I last saw him alive on July 18 19 45

Immediate cause of death

apoplexy

DURATION

3 days

Due to

heart disease - undiagnosed

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

R. P. Brown
Address East new market Date signed July 20

RECEIVED
JUL 23 1945
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06962 116

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs. 9 mos. 7 ds.
 Hospital, institution, or street address where death occurred:
 Eastern Shore State Hospital
 How long in hospital or institution? 2 yrs. 9 mos. 7 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland.....County.....Caroline
 City or town.....Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

George Albert Jones

3. (b) Social Security Number

unknown

4. Sex.....Male
 5. Color or race.....White
 6.(a) Single, married, widowed, or divorced.....Widowed

6.(b) Name of husband or wife.....Annie M. Lukens

7. Birth date of deceased (mo., day, yr.).....May 22 1871
 6.(c) If alive, give age.....years

8. AGE: Years 74 Months 2 Days 7 If less than one day.....hrs.min.

9. Birthplace.....Feltonville, Pennsylvania
(Town, county, and state)

10. Usual occupation.....Stone cutter

11. Industry or business

12. Name.....Jacob Jones

13. Birthplace.....Unknown

14. Maiden name.....Cornelia Anne Updike

15. Birthplace.....Unknown

16. Informant.....Hospital Records

Address.....Cambridge, Maryland

17. Burial, cremation, or removal. Which?.....Buried Date there.....8-2-45 (month) (day) (year)

Cemetery or crematory.....Denton Cemetery

Location.....Denton, Md.

18. Funeral director.....J. Virgil Moore & Son

Address.....Denton, Md.

19. 8-2-45 John Mace J. M.D. Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....July 29 19 45 at 4.45P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 October 22 1942 to July 29 1945
 and that I last saw him alive on July 29 1945

Immediate cause of death.....Bronchopneumonia
 DURATION 8 days

Due to.....

Due to.....

Other conditions.....Chronic Myocarditis 2 yrs.

Senile Psychosis 4 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....Cambridge Date signed.....July 29/45

CERTIFICATE OF DEATH

RECEIVED
AUG 11 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66963

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Three Weeks

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? Three Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Salem
(If outside city or town limits, write RURAL and give nearest town)Street No. Salem
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Ellen Lowe Layton

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Joseph H. LaytonDied 11/20/1926 If alive, give age years

7. Birth date of

deceased (mo., day, yr.) Jan. 26, 1876

8. AGE:

Years

69

Months

5

Days

24

If less than one day

hrs.

min.

9. Birthplace Nr. Vienna, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home

FATHER

12. Name Isaac W. Lowe13. Birthplace Maryland.

MOTHER

14. Maiden name Elizabeth Hastings15. Birthplace Maryland.16. Informant Mildred LaytonAddress 9119 Queens Blvd. Elmhurst, L. I.17. Burial Date thereof July 23, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Vienna CemeteryLocation Vienna, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 7-26- 19 45 John Newland
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1945 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

JUNE 20 19 45, to July 20 19 45and that I last saw him alive on July 20 19 45

Immediate cause of death

MYOCARDIAL FAILURE

DURATION

4 daysDue to TOXEMIA - OF
GANGRENOUS INTESTINE
Due to OF VALVULUS.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. June 24/45

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address Cambridge Md. Date signed 7/21/45

RECEIVED
JUL 26 1945
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

CERTIFICATE OF DEATH

66964

★ Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
Cambridge-Maryland Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Reid's Grove
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. X
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
Thomas Mayhue

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife unknown

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) about 1890

8. AGE: Years about 55 Months # Days # If less than one day _____ hrs. _____ min.

9. Birthplace unknown
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business farm

12. Name unknown

13. Birthplace

14. Maiden name unknown

15. Birthplace

16. Informant Hospital record

Address Cambridge - Md

17. Burial Date thereof 7-30-45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reid's Grove Cemetery

Location Reid's Grove, Md

18. Funeral director Levin H. Baynes

Address Cambridge, Md.

19. 7-30- 19 45 John Mayhue, Jr.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 19 45 at 8-45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X 19 _____, to X 19 _____

and that I last saw him alive on X 19 _____

Immediate cause of death Shock

DURATION 11 hrs.

Due to Compound, comminuted fractures of both legs below the knees

Due to and a possible fracture at base of skull.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of July 25/45

Where did injury occur? Rhodesdale, Dor. Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) on State Road

Means of Injury Automobile Injured at work? No

23. SIGNATURE Dr. H. Shriver Def. Med. Exam

Address Cambridge, Md. Date signed July 25/45

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED

AUG 4 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County DorchesterCity or town Golden Hill
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Golden Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Carrie L. Melkins

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife Artem Melkins7. Birth date of deceased (mo., day, yr.) 1865 6. (c) If alive, give age 80 years8. AGE: 80 Years Months Days It less than one day
hrs. min.9. Birthplace Golden Hill
(Town, county, and state)10. Usual occupation labaler11. Industry or business none12. Name Jeannie Spicer13. Birthplace W.D.14. Maiden name Lima Spicer15. Birthplace na16. Informant Edith GlaspieAddress 5-239 Maplewood Detroit17. (a) Golden Hill Date thereof Aug 2 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Golden Hill

Location

18. Funeral director Lenis H. BayneAddress Cambridge Md19. Aug 1 1945 James Measer
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1945 at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to 1945and that I last saw him alive on 1945Immediate cause of death Cardio-renalDue to Vascular Syndrome

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Jo. K. Skriver, Def. Med. Exam.

M. D. or other

Address Cambridge Md Date signed Aug 1/45

RECEIVED
AUG 4 1945
BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

06966

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 1/2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 18 School House Lane
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

Edward Copher

3. (b) Social Security Number

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Bessie Copher

7. Birth date of deceased (mo., day, yr.)

June 10 1872

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

73021

hrs.

min.

9. Birthplace

Dorchester Co. Md
(Town, county, and state)

10. Usual occupation

labour

11. Industry or business

FATHER

12. Name

Robert Copher

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary Ann Jackson

15. Birthplace

Maryland

16. Informant

Elaine Adams

Address

1849 N. 21st St. Phila Pa

17.

(Burial, cremation, or removal)

Date thereof

July 4 1945
(month) (day) (year)

Cemetery or crematory

Cambridge

Location

Cambridge

18. Funeral director

Levin H. Baryman

Address

Cambridge Md

19.

(Date rec'd by registrar)

19 7/4/45John Macpherson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1945, at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 23 1945, to July 1 1945and that I last saw him alive on July 1 1945

Immediate cause of death

Pulmonary EdemaCoronary AtherosclerosisDue to Chl MyocarditisCerebral Hemorrhage

Due to

Other conditions ben Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Carroll M. P. Clair M.D.

M. D. or other

Address Don H. H. St. Date signed 7-3-45

RECEIVED

JUL 7 1943

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content size is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 116

06967

1. PLACE OF DEATH:

County DorchesterCity or town Rural--Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 7 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural--Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 2
(If rural, give LOCATION)2.(a) If veteran, name war ---

3.(a) FULL NAME

Audry Lucille Majors Parks

3.(b) Social Security Number

---4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Rosen T. Parks6.(c) If alive, give age 45 years7. Birth date of deceased (mo., day, yr.) May 26, 19168. AGE: Years 29 Months 1 Days 25 If less than one day
.....hrs.min.9. Birthplace Cambridge, Dor. Co., Maryland
(Town, county, and state)10. Usual occupation Domestic11. Industry or business HomeFATHER 12. Name Levin H. Majors13. Birthplace MarylandMOTHER 14. Maiden name Ida May Hassett15. Birthplace Maryland16. Informant Rosen T. ParksAddress RFD # 2, Cambridge, Maryland17. Burial Date thereof July 22, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 7/21/45 45 John M. J. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH July 21, 1945 at 12:10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

DURATION

Shock 6 hrsDue to Extensive Burns 6 hrs

Due to.....

Other conditions.....

.....

.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of July 20/45Where did injury occur? Cambridge Dor. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) at homeMeans of injury Fire Injured at work? yes at home23. SIGNATURE John B. Shivers, Dof. Med. ExamAddress Cambridge Md. Date signed July 21/45

RECEIVED

JUL 27 1945

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Lloyds, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? entire life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge RFD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2.(a) if veteran, name war none

3. (a) FULL NAME

George A. Seward

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Married

6. (b) Name of husband or wife

Cassie Sapp6. (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.)

Oct-24-1858

8. AGE: Years Months Days If less than one day

86815hrs.mo.

9. Birthplace

Morris Neck
 (Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name Charles H. Seward

13. Birthplace

Nor Co

14. Maiden name

Mary Applegarth

15. Birthplace

Nor. Co.

16. Informant

Mrs. Cassie S. Seward

Address

Cambridge RFD 3

17. (Burial, cremation, or removal. Which?)

Date thereof

7-11-45
(month) (day) (year)

Cemetery or cremation

Greenlawn

Location

Cambridge

18. Funeral director

Herbert A. Thomas

Address

Cambridge, Md.19. 7-10- 19 45
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 19 45 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 2nd 19 45 to July 9th 19 45
 and that I last saw him alive on July 2nd 19 45

Immediate cause of death Arterio-scleroticCardio-vascular Resection

DURATION

1 yearDue to uremia1 week

Due to

Other conditions Senility and
Parkinson's Syndrome
 (Include pregnancy within months of death)

1 year

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. Wellman

M. D. or other

Address Cambridge MdDate signed 7-10-45

RECEIVED
JUL 12 1945
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

06969

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Worcester
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —Hospital, institution, or street address where death occurred: —How long in hospital or institution? —2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State — County —City or town —
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2. (a) If veteran, name war —

3. (a) FULL NAME

Samuel J. J. Smith

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife —7. Birth date of deceased (mo., day, yr.) Dec 28 1875 6. (c) If alive, give age — years8. AGE: Years 71 Months 7 Days — If less than one day — hrs. — min.9. Birthplace Mad Farmer
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farmer12. Name Matthew J. J. Smith13. Birthplace Mad Farmer14. Maiden name Mary Jane Vickers15. Birthplace Mad Farmer16. Informant Matthew SmithAddress East New Market17. Burial Date thereof July 15 1945
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory CemeteryLocation East New Market18. Funeral director F. B. WallingfordAddress East New Market19. July 14 19 45 Elizabeth Smith
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 19 45, at 630 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 19 44 to July 12 19 45and that I last saw him live on July 12 19 45Immediate cause of death Pulmonary Edema
Left Hemiplegia

DURATION

3 daysDue to Hypertension + ChronicNephritisDue to AgeOther conditions Obesity, ExcessDiabetes Mellitus
(Include pregnancy within 8 months of death)Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Dr. B. B. B. B. M. D. or other —Address — Date signed 7/14/45

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

RECEIVED
JUN 11 1945
RELEASE U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death 11 DAYSHospital, institution, or street address where death occurred:
Cambridge - Md. Hospital, Inc.How long in hospital or institution? 11 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County DORCHESTERCity or town CAMBRIDGE
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. #2 Box 48
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

LAURICE TUBMAN

3.(b) Social Security Number

4. Sex

F

5. Color or race

C

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) December 18 1944
8.(c) If alive, give age..... years8. AGE: Years Months Days If less than one day
8 7 hrs. min.9. Birthplace.....
(Town, county, and state) MARYLAND

10. Usual occupation.....

11. Industry or business.....

12. Name William Volley13. Birthplace MARYLAND14. Maiden name Geraldine Tubman15. Birthplace MARYLAND16. Informant Hospital Records

Address.....

17. Carded home July 26
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director St. Barnabas

Address.....

19. 7-27-45 John Macfarland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1945 at 6:25 P.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
July 14 1945 to July 25 1945
and that I last saw her alive on July 25 1945

Immediate cause of death.....

Due to Terminal Broncho-Pneumonia
Malacemur

DURATION

2 days
in bed

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE L. O. Meredith

M. D. or other

Address Cambridge, Maryland Date signed July 26, 1945

RECEIVED
AUG 4 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
Hospital, institution, or street address where death occurred:
207 Choptank Ave.

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 207 Choptank Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Evelyn Marguerite Waller

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife J. Randolph Waller

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1907. 6.(c) If alive, give age 40 years

8. AGE: Years 38 Months 6 Days 11 If less than one day - hrs. - min.

9. Birthplace Cambridge, Dor. Co., Maryland.
(Town, county, and state)

10. Usual occupation Receptionist

11. Industry or business Phillips Pkg. Co.

FATHER 12. Name Levin T. Lewis
13. Birthplace Md.

MOTHER 14. Maiden name Daisy Bell
15. Birthplace Md.

16. Informant J. R. Waller

Address 207 Choptank Ave, Cambridge, Md.

17. Burial Date thereof July 31, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 2-31-45 John Manf. 7th Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1945, 7:01 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30, 1945 to July 28, 1945 and that I last saw her alive on July 28, 1945

Immediate cause of death Tuberculous meningitis DURATION 28 days

Due to Tuberculosis of lungs 2 1/2 years

Due to Tuberculous fistula in jaw 2 1/2 years

Other conditions -

(Include pregnancy within 8 months of death)

Major findings of operations None Date of op. -

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? -

23. SIGNATURE Eldridge H. Hofford M.D. or other

Address Cambridge, Md. Date signed 2-30-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

RECEIVED

AUG 4 1945

BUREAU V.S.